

B6F (Official Form 6F) (12/07)

In re **Travis William Ahl,
Ronda Lee Ahl**Case No. **11-80525**

Debtors

**AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. Creditor #: 1 Alegent Creighton Clinic Central Billing Office P.O. Box 34550 Omaha, NE 68134	J					429.21
Account No. Creditor #: 2 Department of Health & Human Services Financial Services Division P.O. Box 95026 Lincoln, NE 68509	J					2,190.00
Account No. Creditor #: 3 Dermatology Specialists of Omaha PO Box 4219 Omaha, NE 68104	J					255.00
Account No. Creditor #: 4 Social Security Administration PO Box 3430 Philadelphia, PA 19122-9985	J					1,337.80
Subtotal (Total of this page)						4,212.01
Total (Report on Summary of Schedules)						4,212.01

0 continuation sheets attached

**United States Bankruptcy Court
District of Nebraska**In re **Travis William Ahl
Ronda Lee Ahl**

Debtor(s)

Case No. **11-80525**Chapter **7****DECLARATION CONCERNING DEBTOR'S SCHEDULES - AMENDED**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 17 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **December 26, 2013**Signature **/s/ Travis William Ahl****Travis William Ahl**

Debtor

Date **December 26, 2013**Signature **/s/ Ronda Lee Ahl****Ronda Lee Ahl**

Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEBRASKA

IN RE:)	CASE NO.	BK 11-80525
)		
TRAVIS WILLIAM AHL,)		
RONDA LEE ALH,)		
)		
Debtors)	CHAPTER 7	
)		
)		

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the Amended Schedule F and a copy of the Creditor's Notice were mailed by first-class U.S. mail, postage prepaid, on December 26, 2013 to:

Alegent Creighton Clinic
P.O. Box 34550
Omaha, NE 68134

Dermatology Specialists of Omaha
P.O. Box 4219
Omaha, NE 68104

Department of Health and Human Services
Financial Services Division
P.O. Box 95026
Lincoln, NE 68509

Social Security Administration
P.O. Box 3430
Philadelphia, PA 19122

By: /s/ Erin M. McCartney

Erin M. McCartney, #23663
2580 South 90th Street
Omaha, NE 68124
(402) 933-8600 / Fax (402) 934-2848
Attorney for Debtors